

DECLARATION FOR UTILITY OR DESIGN
PATENT APPLICATION (37 CFR 1.63)

Attorney Docket No.: 2132.099
Inventor Name: Jackowski et al.
COMPLETE IF KNOWN
Application No:
Filing Date:
Group Art Unit:
Examiner Name:

☒ Decl. Sub. w/Initial Filing
☐ Decl. Sub. after Initial Filing (surcharge (37 CFR 1.15 (e)))

As a below named inventor, I hereby declare that:

My residence, post office addr., and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MACROGLOBULIN BIOPOLYMER MARKERS INDICATIVE OF INSULIN RESISTANCE

the specification which
☒ is attached hereto OR
_____ was filed on _____ As United States Application No. or PCT Intl. Appln. No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN NUMBERS:	COUNTRY:	FOREIGN FILING DATE:	PRIORITY NOT CLAIMED:	CERTIFIED COPY Yes No
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Additional foreign appln. nos. are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

APPLICATION NUMBER(s): FILING DATE:

_____ Addnl. provisional appln.
Nos. are listed on a
Supplementary priority data
Sheet PTO/SB/02B attached.

Variable	Mean	SD	Min	Max	Median	Q1	Q3	Mode	Skewness	Kurtosis	Shapiro-Wilk	Normality
Age	35.2	12.5	20	65	30	25	35	30	0.15	2.5	0.95	Normal
Gender	0.5	0.5	0	1	0.5	0.5	0.5	0.5	0.0	0.0	0.99	Normal
Marital Status	0.3	0.5	0	1	0.3	0.3	0.3	0.3	0.0	0.0	0.99	Normal
Education	12.5	2.0	9	16	12	11	13	12	0.1	2.0	0.95	Normal
Income	1500	500	500	3000	1200	800	1800	1000	0.2	2.5	0.95	Normal
Occupation	1.5	1.0	1	3	1.5	1.5	1.5	1.5	0.0	0.0	0.99	Normal
Health Status	0.8	0.4	0	1	0.8	0.8	0.8	0.8	0.0	0.0	0.99	Normal
Stress Level	3.5	1.5	1	5	3	2	4	3	0.1	2.0	0.95	Normal
Life Satisfaction	4.0	1.0	1	5	4	3	5	4	0.0	0.0	0.99	Normal
Resilience	2.5	1.0	1	4	2	1	3	2	0.1	2.0	0.95	Normal
Optimism	3.0	1.0	1	4	3	2	4	3	0.0	0.0	0.99	Normal
Gratitude	3.5	1.0	1	4	3	2	4	3	0.0	0.0	0.99	Normal
Self-Esteem	3.0	1.0	1	4	3	2	4	3	0.0	0.0	0.99	Normal
Life Purpose	3.0	1.0	1	4	3	2	4	3	0.0	0.0	0.99	Normal
Meaning in Life	3.0	1.0	1	4	3	2	4	3	0.0	0.0	0.99	Normal
Existential Well-being	3.0	1.0	1	4	3	2	4	3	0.0	0.0	0.99	Normal
Life Satisfaction (Total)	3.0	1.0	1	4	3	2	4	3	0.0	0.0	0.99	Normal
Resilience (Total)	2.5	1.0	1	4	2	1	3	2	0.1	2.0	0.95	Normal
Optimism (Total)	3.0	1.0	1	4	3	2	4	3	0.0	0.0	0.99	Normal
Gratitude (Total)	3.5	1.0	1	4	3	2	4	3	0.0	0.0	0.99	Normal
Self-Esteem (Total)	3.0	1.0	1	4	3	2	4	3	0.0	0.0	0.99	Normal
Life Purpose (Total)	3.0	1.0	1	4	3	2	4	3	0.0	0.0	0.99	Normal
Meaning in Life (Total)	3.0	1.0	1	4	3	2	4	3	0.0	0.0	0.99	Normal
Existential Well-being (Total)	3.0	1.0	1	4	3	2	4	3	0.0	0.0	0.99	Normal

U.S. PARENT APPLICATION or PCT NUMBER:	PARENT FILING DATE:	PARENT PATENT NO: (if applicable)
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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: X Customer No: 21917 PLACE CUSTOMER No. BAR CODE LABEL HERE

Registered practitioner(s) name/registration no. listed below.			
NAME:	REGISTRATION NO:	NAME:	REGISTRATION NO:
Michael A. Slavin	34,016	Joseph Beckman	45,529
Ferris H. Lander	43,377	Erin Monahan	48,804
C. Fred Rosenbaum	27,110		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 17 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Additional inventors are being named on the _____ Supplemental additional inventor(s)

NAME OF SECOND INVENTOR: _____ A Petition has been filed for this unsigned inv.
GIVEN NAME (first and middle [if any]): _____ FAMILY NAME OR SURNAME: _____

John _____ Marshall, PhD _____
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Additional inventors are being named on the _____ Supplemental additional inventor(s)